

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 04359/100M653-US5
Application Number 10/549,403-Conf. #5414	Filed September 12, 2005
For ASSAY DEVICE AND METHOD	
Art Unit N/A	Examiner Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<div style="display: flex; justify-content: space-around;"> <u>Fee</u> <u>Small Entity Fee</u> </div>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<div style="display: flex; justify-content: space-between;"> \$120 \$60 \$ _____ </div>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<div style="display: flex; justify-content: space-between;"> \$450 \$225 \$ _____ </div>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<div style="display: flex; justify-content: space-between;"> \$1020 \$510 \$ _____ </div>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<div style="display: flex; justify-content: space-between;"> \$1590 \$795 \$ _____ </div>
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<div style="display: flex; justify-content: space-between;"> \$2160 \$1080 \$ 2,160.00 </div>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.	
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number <u>33,448</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
<div style="text-align: center;"> _____ Joseph R. Robinson Typed or printed name </div>	<div style="text-align: center;"> November 22, 2006 _____ Date (212) 527-7783 _____ Telephone Number </div>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Total of <u>1</u> forms are submitted.	